

**ARKANSAS STATE BOARD  
OF  
CHIROPRACTIC EXAMINERS**  
Renewal License Application  
For  
Chiropractic Physicians

**2009**

( )	\$ 155.00	In-State Active Renewal
( )	\$ 125.00	Out-State Active Renewal
( )	\$ 10.00	In-State Inactive Renewal
	\$ _____	Total Fees (enclosed)
<b>RENEWAL DEADLINE DECEMBER 31</b>		

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PLEASE ATTACH ALL CONTINUING EDUCATION  
PROGRAMS/COURSES DOCUMENTATION**

**PENALTY -- \$200.00, POST-MARKED AFTER DECEMBER 31. Failure to renew by December 31 means your license shall automatically expire and be forfeited. An individual who submits an application for renewal more than sixty-days (60) after the license expiration date is subject to all requirements governing new applicants under the Arkansas Chiropractic Practices Act.**

**I HEREBY CERTIFY THAT INFORMATION ON THIS PAGE AND ON ANY  
ATTACHMENTS IS TRUE AND CORRECT:**

SIGNATURE: \_\_\_\_\_ D.C. LICENSE # \_\_\_\_\_

DATE: \_\_\_\_\_

\* Please make a copy of this renewal application \*Have you been convicted of a felony? \_\_\_\_\_  
along with your CE and keep for your file. If yes, attach copy of conviction or plea.

NOTE: A bookkeeping fee of \$32.00 will be charged for any check returned for insufficient funds.

Make checks payable to: ARKANSAS STATE BOARD OF CHIROPRACTIC EXAMINERS  
101 East Capitol, Suite 209  
Little Rock, AR 72201  
(501)682-9015

ARKANSAS STATE BOARD OF CHIROPRACTIC EXAMINERS

**STATEMENT OF ATTENDANCE  
EDUCATIONAL SEMINARS**

If you are actively engaged in the practice of chiropractic, Arkansas Statute §17-81-311 requires that you present the Board with evidence of attendance during the preceding 12 months at educational seminars of not less than 24 hours for doctors licensed and practicing in Arkansas, (for doctors practicing out-of-Arkansas, the educational requirements of their state or country will be accepted, not less than 12 hours), conducted by a chiropractic institution of learning, or by an association approved by the Board for the teaching of scientific courses pertaining to the profession, or an educational course conducted by the Board.

SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

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Yes, I have attached all continuing education verification documentation.

**NOTE: Do not mail your renewal application without your continuing education documentation. Your renewal cannot be processed without it.**